

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>TD</i>		<i>9-28-00</i>
O.I.P.E. CLASSIFIER	<i>TD</i>		<i>10/1/00</i>
FORMALITY REVIEW	<i>TD</i>	<i>833</i>	<i>11-9-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*22-11-25/01*

Claim	Date
Final Original	
1	<i>11-4-00</i>
2	<i>11-4-00</i>
3	<i>11-4-00</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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